

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: No 1 Bobcat and Trucking, Inc

BUSINESS STREET ADDRESS: 2701 SW 154 Lane, Davie ZIP 33331

BUSINESS MAILING ADDRESS: 2701 SW 154 Lane, Davie ZIP 33331

BUSINESS PHONE: _____

DESCRIBE TYPE OF BUSINESS: Bobcat service

BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Damon Carroll</u>	<u>2701 SW 154 Lane, Davie</u>	<u>33330</u>	<u>931.6760</u>

2. _____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Damon Carroll
Print Owner or Officers Name and Title

Damon Carroll
Signature of Owner or Officer

Office Use Only: Date <u>5/24/00</u> Category <u>15701</u> Fee _____ Rec# _____ New _____ Trans <input checked="" type="checkbox"/>	
License # _____	Control # _____ Zoning <u>R-1</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	